Fill in this information t	o identify your case:	
Debtor 1	Dennis Lee Stauffer	
Debtor 2 (Spouse, if filing)	Deborah Anne White -Stauffer	
United States Bankrup	tcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA	
	11844	Check if this is:
(If known)		☐ An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official Form 106I		12/05/2024 MM / DD/ YYYY

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Employment status	☐ Employed	■ Employed
	attach a separate page with information about additional		■ Not employed	☐ Not employed
	employers.	Occupation	Retired	Long Term Disability
	Include part-time, seasonal, or self-employed work.	Employer's name		
	Occupation may include student or homemaker, if it applies.	Employer's address		
		How long employed th	nere?	
Par	t 2: Give Details About Mon	thly Income		

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or

0.00

0.00

0.00

non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 0.00 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 0.00 Calculate gross Income. Add line 2 + line 3. 0.00

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	tor 1 tor 2	Dennis Lee Stauffer Deborah Anne White -Stauffer	_	Case	number (if known)	24-11	1844
				For	Debtor 1		Debtor 2 or -filing spouse
	Cop	y line 4 here	4.	\$_	0.00	\$	0.00
5.	List	all payroll deductions:					
·.	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	0.00
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$ 	0.00
	5c.	Voluntary contributions for retirement plans	5c.	\$_	0.00	\$	0.00
	5d.	Required repayments of retirement fund loans	5d.	\$_	0.00	\$_	0.00
	5e.	Insurance	5e.	\$_	0.00	<u> </u>	0.00
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00
	5g.	Union dues	5g.	\$	0.00	\$	0.00
	5h.	Other deductions. Specify:	5h.+	\$	0.00	+ \$	0.00
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	0.00
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	0.00
8.	<b>List</b> 8a. 8b. 8c.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive	8a. 8b.	\$_ \$_	0.00	\$ \$	0.00 0.00
		Include alimony, spousal support, child support, maintenance, divorce					
		settlement, and property settlement.	8c.	\$_	0.00	\$	0.00
	8d.	Unemployment compensation	8d.	\$_	0.00	\$	0.00
	8e.	Social Security	8e.	\$_	2,115.00	\$	744.00
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  Pension or retirement income	e 8f. 8g.	\$_ \$	0.00 351.54	\$	0.00
	8h.	Other monthly income. Specify: Long Term Disability	8h.+	\$	0.00	+ \$	1,383.00
		Prorated Tax Refund (\$3,073/12)	_	\$_	256.08	\$	0.00
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,722.62	\$	2,127.00
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		2,722.62 + \$_	2,1	27.00 = \$ 4,849.62
11.	Inclu othe	e all other regular contributions to the expenses that you list in <i>Schedule</i> de contributions from an unmarried partner, members of your household, your r friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not cify:	depen				chedule J. 11. +\$ 0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines					12. \$ <b>4,849.62</b>
13.	Do y	you expect an increase or decrease within the year after you file this form	?				Combined monthly income
		No. Yes. Explain:					